

Delphi Vendor Entry Worksheet**** Bold/Yellow indicates required fields ****

NAME: _____ **PHONE:** _____ **DATE:** _____
E-MAIL ADDRESS: _____

SUPPLIER NAME: _____ ☐ New ☐ Modifying
TAXPAYER ID: _____ **DUNS or DUNS + 4 NO.** _____

CLASSIFICATION/TYPE: ☐ No Cost Lease/Award ☐ Vendor ☐ Federal Agency

FEDERAL AGENCY LOCATION CODE (ALC): _____ * For New Agencies

GENERAL: Parent Supplier Name: _____
 Tax ID Number: _____

ORGANIZATION TYPE: ☐ Corporation ☐ Government Agency
☐ Individual ☐ Partnership
☐ Foreign Corp / Govt Agency / Indiv / Partner
☐ Reimbursable Non-Govt (Supplier/Grant Sponsor/State & Local Govt)

CCR: VENDOR IS REGISTERED: ☐ Yes ☐ No

SUPPLIER SITES: (Additional sites or additional Tax Reporting Address forward as attachment)
☐ New ☐ Adding Site ☐ Modifying Site

Supplier Number: _____ **Supplier Site Name:** _____
Country: United States **Other:** _____
Address _____

City: _____ **State:** _____
County: _____ **Zip Code:** _____

PAYMENT: Payment Method: Electronic ☐ Check ☐ (Waiver Required)

SITE USES AND TELEPHONE:

Purchasing Site ☐ Pay Site ☐ Primary ☒
 Voice (Area Code & Number) _____
 Fax (Area Code & Number) _____

Note: Provide this information only if obtained at Contract award.

SUPPLIER CONTACTS:

1. Last Name: _____ First: _____ MI _____
 Title: _____ Telephone: _____
 2. Last Name: _____ First: _____ MI _____
 Title: _____ Telephone: _____

BANK: Bank Name: _____
 Account Name: _____
 Bank ABA Routing No: _____
 Account Number: _____
 Account Type: Checking ☐ Savings ☐

EFT Form → Fax to AMZ 405-954-6944